NOTIFICATION OF INTENT TO APPLY FOR ECONOMIC DEVELOPMENT FUNDS (Information Summary)

Name of Local Government to Sponsor the Project:	:
Address:	Contact Person
	Phone Number
Firm Name:	
Type of Product:	
Tourism Event: A (if applicable)	Annual Attendance Peak Day Attendance
Is there a letter of commitment for this industry to e	xpand or locate: YES (if yes please attach) NO
Number of Jobs Retained:	Anticipated Opening Date:
Number of New Jobs:	
Description/Scope of the Project: (Please include project limits)	
Estimated Cost of Transportation Improvements \$	S Amount of local matching funds \$
List attachments to this application (i.e. cost estimate 1)2)	
3)	<u> </u>
4)	
Please send this completed application form and a Chief, Bureau of Statewide Program Plannin Room 307 Illinois Department of Transportation Springfield, Illinois 62764	

For further information on the Economic Development Program go to IDOT's web site http://www.dot.state.il.us/edp.html or call (217) 782-2755.

Note: This application form is being utilized as an initial notification for your project. IDOT will require additional information before Economic Development Program funds can be committed.